

1-14-05

2122 \$

Please type a plus sign (+) inside this box ☐

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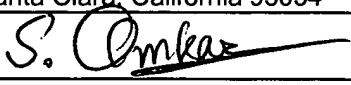
TRANSMITTAL FORM

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/945,118
		Filing Date	August 31, 2001
		First Inventor	Raj Kumar
		Confirmation No.	2074
		Group Art Unit	2122
		Examiner Name	Curcio, James A.F.
Total Number Of Pages In This Submission	30	Attorney Docket No.	ORA005 US

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (1 page in duplicate)	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached -- Check (1 pg)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment (24 pages)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declarations	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request (1 page in duplicate)	<input type="checkbox"/> Power of Attorney, Revocation of Previous Powers; And Statement Under 37 CFR 3.73(b)	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	RETURN RECEIPT POSTCARD
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> This is a Response to Missing Parts/ Incomplete Application under 37 CFR 1.52 or 1.53	<div style="border: 1px solid black; padding: 5px;"> Remarks Please charge Deposit Account 50-2263 for any underpaid fee. </div>	
<input type="checkbox"/> Copy of Notice To File Missing Parts (2 pages)		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual Name	Omkar K. Suryadevara (Reg. No. 36,320) Silicon Valley Patent Group LLP 2350 Mission College Boulevard, Suite 360 Santa Clara, California 95054
Signature	
Date	January 12, 2005

EXPRESS MAIL LABEL NO. EV 581 853 464 US



FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Complete if Known

Application Number 09/945,118
Filing Date August 31, 2001
First Named Inventor Raj Kumar
Examiner Name: Curcio, James A.F.
Group Art Unit 2122
Attorney Docket No.: ORA005 US

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 120

METHOD OF PAYMENT

☒ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account

Deposit
Account
Number

50-2263

Deposit
Account
Name

Silicon Valley Patent Group LLP

The Director is authorized to: (check all that apply)

☐ Charges fees(s) indicated below ☒ Credit any Overpayments

☒ Charges any additional fee(s) or any underpayment of fee(s)

☐ Charges fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee		Small Entity Fee		Fee Description	Fee Paid
Code	(\$)	Code	(\$)		
1001	790	2001	395	Utility Filing Fee	
1002	350	2002	175	Design Filing Fee	
1003	550	2003	275	Plant Filing Fee	
1004	790	2004	395	Reissue Filing Fee	
1005	160	2005	80	Provisional Filing Fee	
SUBTOTAL (1)				(\$)	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims	Fee from below	Fee Paid
Total Claims		-20**=	x	=
Independent Claims		-3** =	x	=
Multiple Dependent			x	=

Large Entity Fee		Small Entity Fee		Fee Description
Code	(\$)	Code	(\$)	
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple dependent claim, if not paid
1204	200	2204	100	** Reissue independent claims over original patent
1205	50	2205	25	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

** or number previously paid if greater; For Reissues see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fees		Small Entity Fees		Fee Description	Fees Paid
Code	(\$)	Code	(\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	120	2251	60	Extension for reply within one month	120
1252	450	2252	225	Extension for reply within second month	
1253	1020	2253	510	Extension for reply within third month	
1254	1,590	2254	795	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1000	2403	500	Request for oral hearing	
1451	1,510	1451	1,510	Petition for a public use proceeding	
1452	500	2452	250	Petition to revive - unavoidable	
1453	1,500	2453	750	Petition to revive - unintentional	
1501	1,400	2501	700	Utility issue fee (or reissue)	
1502	130	2502	65	Design issue fee	
1503	160	2503	80	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee for provisional applications	
1806	180	1806	180	Submission of Information Disclosure Statement	
8021	40	8021	40	Recording each patent assignment per properties (times number of properties)	
1809	790	2809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	790	2801	395	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
Other Fee (specify)					

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 120

Submitted By

Name (Print/Type) Omkar K. Suryadevara Registration No. (Attorney/Agent) 36,320 Telephone (408) 982-8203
Signature S. Omkar Date January 12, 2005